# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Jul 10, 2001 8:00 am**
**Secretary of State**
05-12-2001 90044 045 ****61.25

DOCUMENT # N98000006670

1. Entity Name

L.L.E.A.AF.AM. - SIDA LIGA LATINEUROASIAAFROAMER

| Principal Place of Business | Mailing Address |
|---|---|
| 6741 SW 24 ST SUITE 40<br>MIAMI FL 33155 | P.O. BOX 9400006<br>MIAMI FL 33184 |

DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | Zip / Country |

4. FEI Number 65-0879709 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| ARANGO, LIZETTE<br>11165 NW 3 STREET<br>MIAMI FL 33172 | Name REVILLA JOSE M.<br>Street Address (P.O. Box Number is Not Acceptable)<br>7471 NW 167 TERR.<br>City MIAMI FL Zip Code 33015 |

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE Lizette Arango DATE 3/6/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS $61.25**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>ARANGO, LIZETTE<br>11165 NW 3 STREET<br>MIAMI FL 33172 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | REVILLA JOSE M.<br>7471 NW 167 TERR.<br>MIAMI FL 33015 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>REVILLA, JOSE M<br>7471 NW 167 TERR<br>MIAMI FL 33015 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>ARANGO, MIGUEL A<br>7471 NW 167 TERR<br>MIAMI FL 33015 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>SIERRA, RAFAEL MD<br>6741 SW 24 ST #40<br>MIAMI FL 33155 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>CRUELLS, ANGEL F<br>6741 SW 24 ST #40<br>MIAMI FL 33155 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |

CR2E037 (10/00)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Signature Required 3/22/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Jose Revilla 6/15/01